



RECEIVED

JUL 19 2007

State of Washington
Application for a Water Right

For Ecology Use

Fee Paid _____

Date _____

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Vista Knoll Water Company Home Tel: (360)490 - 1345
Mailing Address P.O. Box 484 Work Tel: (360)942 - 9654
City Raymond State WA Zip+4 98577 + _____ FAX: (____) _____ - _____

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Mitch Edwards Home Tel: (360)490 - 1345
Mailing Address 991 W. Lakeside Dr. Work Tel: (360) 942 - 5740
City Shelton State WA Zip+4 98584 + _____ FAX: (____) _____ - _____
Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 70 gallons per minute (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of Domestic/Public Supply. ATTACH A "LEGAL"

DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 28.5 acre-feet per year

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ____/____/____ to ____/____/____

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for <u>2</u> well(s).		
Number of diversions: _____								
Source flows into (name of body of water):						Size & depth of well(s): Source 1 is 8 inch casing and 80 feet deep, Source 2 is 8 inch casing and 135 feet deep.		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 300 foot East and 1370 foot North of the South West corner of Sec. 6, more or less								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
NW	SW	6	19N	4W	Mason			
For Ecology Use Date Received: <u>7-19-07</u> Priority Date: <u>7-19-07</u>								
SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete: <u>7/25/07</u> By: <u>SL</u> Date Returned: _____ By: _____ WRIA: <u>14</u>								

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Vista Knoll Water Company
- B. Briefly describe your proposed water system. **(See instructions.)**
The Vista Knoll Water System is a Transient Non-Community Group A Water System located in portions of Section 6, Township 19 North, Range 4 West, W.M. and Section 1, Township 19 North, Range 5 West, W.M. The system currently serves 30 homes, with 10 permanent and 20 vacation residences. The topography of the site is generally level with elevations between 491 and 521 feet. Lot sizes vary considerably as do the sizes and types of homes.
The water system source is composed of two wells located within 30 feet of each other with estimated capacities of 40 gpm and 90 gpm. Existing water rights limits withdrawal to 40 gpm and 50 gpm, respectively. Water from these wells is pumped into a 300-gallon vertical hydro-pneumatic tank. From there, water is transported to the homes primarily through 4-inch PVC distribution mains with one leg of 2-inch PVC at the end of the north branch of the distribution system.
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION. Enclosed

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 87 total Type of connection Homes
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☒ YES ☐ NO
If yes, when was it approved? November 15, 2006 Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☒ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
Use _____ Acres _____
Use _____ Acres _____
Use _____ Acres _____
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

From SR-3 Turn onto Pioneer Way in Shelton, continue straight onto Lake Blvd., continue straight onto Cloquallum Rd., turn right onto Lost Lake Rd., turn left onto Vagabonds, continue to well site.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☐ YES ☒ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

Vista Knoll Water Company provides water to the residents of the Lost Lake community. See attached for the list of property owners served by the system.

B. Does the applicant own the land on which the water source is located? ☐ YES ☒ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.


Applicant (or authorized representative)

3/6/07
Date

Canvott locate land owner
Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Section 6 (water system information), requests a copy of the approved Water System Plan(WSP) which is attached. Within the text of the WSP is most of the other information requested in the application, including:

- Section 3, the legal description of the property.
- Section 4, well logs for other sources in the system.
- Section 5, water right documentation.
- Section 10, required map.

In addition to the WSP, the WSP approval letter from the Department of Health, and a list of all the property owners and addresses for the system are enclosed (Section 11).

We are returning your application for the following reason(s):	
____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff _____ Date _____